

**United States Information Agency**  
**EXCHANGE VISITOR FACILITATIVE STAFF GC/V**  
**CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS**

**D 328144**

<p>1. <span style="float: right;">( ) Male</span>  (FAMILY NAME OF EXCHANGE VISITOR) (FIRST NAME) (MIDDLE NAME) <span style="float: right;">( ) Female</span></p> <p>born (Mo.) (Day) (Yr.) in (City) (Country)</p> <p>a citizen of (Country) (Code) a legal permanent resident of (Country) (Code), whose position in that country is (Pos. Code)</p> <p>U.S. address _____</p>	<p>THE PURPOSE OF THIS FORM IS TO:</p> <p>1 ( ) Begin a new program ( ) Accompanied by _____ immediate family members</p> <p>2 ( ) Extend an on-going program</p> <p>3 ( ) Transfer to a different program</p> <p>4 ( ) Replace a lost form</p> <p>5 ( ) Permit visitor's immediate family (____ members) to enter U.S. separately</p>										
<p>2. will be sponsored by _____ to participate in Exchange Visitor Program No. _____, which is still valid and is officially described as follows:</p>											
<p>3. This form covers the period from (Mo.) (Day) (Yr.) to (Mo.) (Day) (Yr.) Students are permitted to travel abroad &amp; maintain status (e.g. obtain a new visa) under duration of the program as indicated by the dates on this form.  If this form is for family travel or replaces a lost form, the expiration date on the exchange visitor's I-94 is _____.</p>											
<p>4. The category of this visitor is 1 ( ) Student, 2 ( ) Trainee, 3 ( ) Teacher, 4 ( ) Professor, Research Scholar or Specialist, 5 ( ) International Visitor, 6 ( ) Medical Trainee, 7 ( ) Alien employee of the USIA. The Specific field of study, research, training or professional activity is _____ verbally described as follows: (Sub/Field Code)</p>											
<p>5. During the period covered by this form, it is <u>estimated</u> that the following financial support (in U.S. \$) will be provided to this exchange visitor by:</p> <p>a. ( ) The Program Sponsor in item 2 above \$ _____</p> <p>This Program Sponsor has <input type="checkbox"/> has not <input type="checkbox"/> (check one) received funding for international exchange from one or more U.S. Government Agency(ies) to support this exchange visitor. If any U.S. Government Agency(ies) provided funding, indicate the Agency(ies) by code _____.</p> <p>Financial support from organizations other than the sponsor will be provided by one or more of the following:</p> <table style="width:100%;"> <tr> <td>b1. ( ) U.S. Government Agency(ies): _____ (Agency Code), \$ _____</td> <td>b2. _____ (Agency Code), \$ _____</td> </tr> <tr> <td>c1. ( ) International Organization(s): _____ (Int. Org. Code), \$ _____</td> <td>c2. _____ (Int. Org. Code), \$ _____</td> </tr> <tr> <td>d. ( ) The Exchange Visitor's Government \$ _____</td> <td rowspan="3">(If necessary, use above spaces for funding by multiple U.S. Agencies or Intl. Organizations)</td> </tr> <tr> <td>e. ( ) The binational Commission of the visitor's Country \$ _____</td> </tr> <tr> <td>f. ( ) All other organizations providing support \$ _____</td> </tr> <tr> <td colspan="2">g. ( ) Personal funds \$ _____</td> </tr> </table>		b1. ( ) U.S. Government Agency(ies): _____ (Agency Code), \$ _____	b2. _____ (Agency Code), \$ _____	c1. ( ) International Organization(s): _____ (Int. Org. Code), \$ _____	c2. _____ (Int. Org. Code), \$ _____	d. ( ) The Exchange Visitor's Government \$ _____	(If necessary, use above spaces for funding by multiple U.S. Agencies or Intl. Organizations)	e. ( ) The binational Commission of the visitor's Country \$ _____	f. ( ) All other organizations providing support \$ _____	g. ( ) Personal funds \$ _____	
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<p>6. I.N.S. USE</p>	<p>7. _____ (Name of Official Preparing Form) _____ (Title)</p> <p>_____ (Address)</p> <p>_____ (Signature of Responsible Officer or Alternate R.O.) _____ (Date)</p>										
<p><b>PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212 (a) OF THE I.N.S.</b></p> <p>I (Name) _____</p> <p>(Title) _____</p> <p>have determined that this alien in the above program</p> <p>1 ( ) is not subject to the two year residence requirement</p> <p>2 ( ) is subject based on — A ( ) government financing and/or</p> <p style="margin-left: 40px;">B ( ) the Exchange visitor skills list and/or</p> <p style="margin-left: 40px;">C ( ) PL 94 484 as amended</p> <p>The United States Information Agency reserves the right to make the final determination</p> <p>_____ (Signature of Officer) (Date)</p>	<p><b>8. STATEMENT OF RESPONSIBLE OFFICER FOR RELEASING SPONSOR (FOR TRANSFER OF PROGRAM)</b></p> <p>Date _____, Transfer of this exchange visitor from program No. _____ sponsored by _____ to the program specified in item (2) is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961.</p> <p>_____ (Signature of Officer) (Date)</p>										

#### INSTRUCTIONS

If additional space is needed for answering any questions, use continuation sheets on plain white paper.

- 1-3. Names, address and telephone/fax numbers of organization.
4. Select type of application.
5. Select appropriate categories prior to filling out this data. (See 22 CFR 514.2, 22 CFR 514.4 and 22 CFR 514.20-30)
- 6-10. Complete information on program and program sponsor.

IF TRAINING PROGRAM, identify appropriate fields and specialties/non-specialties: 01-Arts & Culture; 02-Information Media and Communications; 03-Education, Social Sciences, Library Science, Counseling and Social Services; 04-Management, Business, Commerce and Finance; 05-Health Related Occupations; 06-Aviation; 07-The Sciences, Engineering, Architecture, Mathematics, and Industrial Occupations; 08-Construction and Building Trades; 09-Agriculture, Forestry and Fishing; 10-Public Administration and Law; 11-Other (Specify).  
11-12. Certification. Citizenship for new applicants requires certification below (#7).

#### REDESIGNATION

If your organization is applying for redesignation please certify to the following:

I hereby certify that as an officer of the organization making application for an exchange program under 22 CFR 514.7 that the following documents which have been submitted to the United States Information Agency, Exchange Visitor Program Services, remain in effect and not altered in any way:

- (1) Evidence of status as a legal entity, such as Articles of Incorporation and By Laws, and current certificate of good standing. Provide dates: \_\_\_\_\_.
- (2) Evidence that sponsor is financially solvent.
- (3) Evidence of accreditation if a post-secondary educational institution. Provide date, type of accreditation, and State of accreditation: \_\_\_\_\_.
- (4) Evidence of licensing. Provide date, type of license, and State of license: \_\_\_\_\_.
- (5) Evidence of organization's tax-exempt status if applicable. Provide date: \_\_\_\_\_.
- (6) Program categories and activities in which the organization has been engaged have not changed since original designation dated: \_\_\_\_\_.
- (7) Citizenship. Provide the date of compliance with citizenship requirements: \_\_\_\_\_.

If citizenship compliance is not current, please complete the following:

(a) Organization: I hereby certify that I am an officer of this program with the title of [specify]; that I am authorized by the [specify] to sign this certification and bind [name of organization]; and that a true copy certified by the [specify] of such authorization is attached. I further certify that [name of organization] is a citizen of the United States as that term is defined at 22 CFR 514.2. (Name of organization) agrees that its inability to substantiate its representation of citizenship made in this certification will result in the immediate withdrawal of its designation and the immediate return of or accounting for all IAP-66 forms transferred to it.

(b) Responsible Officer or Alternate Responsible Officer: I hereby certify that I am the responsible (or alternate) officer for this program, and that I am a citizen of the United States (or a person lawfully admitted to the United States for permanent residence). [Name of organization] agrees that my inability to substantiate my citizenship or status as a permanent resident will result in the immediate withdrawal of its designation and the immediate return of or accounting for all IAP-66 forms transferred to it (22 CFR 514.2).

#### CERTIFICATION OF REQUIREMENTS 1-7 or if new application 7 only (above)

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signed in ink by (Name) \_\_\_\_\_ (Print Name) \_\_\_\_\_

Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Public

#### USIA USE ONLY

#### Please return form to:

Type of program: \_\_\_\_\_

Exchange Visitor Program Services - GC/V

Subtype if applicable: \_\_\_\_\_

United States Information Agency

No. Forms IAP-66: \_\_\_\_\_

Washington, D.C. 20547

Categories: \_\_\_\_\_

\* Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, researching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to USIA Clearance Officer, M/ASP, U.S. Information Agency, 301 4th Street, S.W., Washington, D.C. 20547; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.